

EXHIBIT B

COMPREHENSIVE REHABILITATION RE-EVALUATION

Containing

**Extended Follow Up Office Visit
Updated Vocational Position Statement
Updated AMA Impairment Rating
Updated Functional Assessment
Updated Continuation of Care
Updated Summary Report
Updated Photographs
Updated Documentation**

On

Shane Loveland

Prepared by:

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Board Certified Physical Medicine & Rehabilitation

Board Certified Brain Injury Medicine

Fellow, International Academy of Independent Medical Evaluators

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Updated Summary Report

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PEDIATRIC · ADOLESCENT · ADULT · GERIATRIC

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Outpatient Physical Medicine
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Medical Functional Capacity Exams
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Updated Summary Report

Date: 01/24/20
Patient: Shane Loveland
Chart #: 37074
DOB: 04/01/82
Date of Injury: 05/01/15

The History of Present Illness was obtained from the patient's mother, Rysta Susman.

The patient's mother stated her son was in his normal state of health until May 1, 2015 when he was involved in a motor vehicle accident. The patient was leaving Kearney, Nebraska, driving towards Shelton, Nebraska when his tire blew out and his truck flipped across the highway. The patient sustained a significant traumatic brain injury, broken ribs, and a collapsed lung. The patient was transported by ground ambulance to Good Samaritan Hospital in Kearney, Nebraska.

The patient remained in Good Samaritan Hospital for approximately six weeks. He required the placement of a VP shunt, a tracheostomy, and a gastrostomy tube. The patient underwent the surgical repair of his diaphragm and an IVC filter was placed. The patient was placed into a chemically induced coma for approximately four weeks. The patient slowly came out of the coma and once medically and surgically stable, he was transported by ground ambulance to Madonna Rehabilitation Hospital in Lincoln, Nebraska.

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The patient participated in an inpatient rehabilitation program at Madonna Rehabilitation Hospital for approximately 12 to 16 weeks. The patient's mother stated they had a lot of behavioral problems with her son when he was at the Madonna Rehabilitation Hospital, as he was very aggressive and would hit staff and yell out. Shane demonstrated aggressive behavior and was using profane language. As a result, they put him on high doses of Depakote to try to control his behavior.

The patient was then transferred to Learning Services in Lakewood, Colorado, which was a transitional living center for traumatic brain injury patients. The patient was admitted to Learning Services in October 2015 and remained in that facility until December 12, 2016 when he was discharged to his mother's home in the care of his mother.

The patient's mother stated Shane has no short term memory and demonstrates inappropriate behavior at times when he is aggressive, tries to hit people, and uses inappropriate (profane) language. The patient's mother stated Shane lacks judgment, insight, and a sense of consequence. As a result, either she or his younger sister is with him and he is monitored 24 hours a day.

The patient's mother stated Shane can bathe himself; however, she has to wash his back and dry him, as he cannot do this himself. The patient's mother stated while he is in the shower she has to be with him because she has a fear of him falling. The patient requires help with bathing, dressing, meal preparation, and all activities of daily living. The patient's mother stated Shane is able to stand up and walk with a walker; however, she or her daughter are usually in close proximity because he is not very stable on his feet. The patient's mother stated her son has a balance problem with ambulating, he is very unsteady, and she has a fear of him falling.

The patient's mother stated her son is incontinent of bowel and bladder and he wears a diaper, which is changed two to three times a day.

The patient's mother stated her son has remained relatively medically stable since he has been home and he has not required any hospital admissions. The patient is not experiencing any seizures and he is not demonstrating any overly aggressive behavior at this time; however, he does yell, scream, lash out and physically hit his mother and his sister when he does not get his way.

The patient's mother stated her son's personality has changed as a result of the traumatic brain injury. She stated he was a very polite, pleasant, hard working, honest, outgoing son, and he is now withdrawn and inappropriate and requires 24 hour care and supervision.

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The patient's mother stated the patient received physical, occupational, and speech therapy services twice a week at Kearney Physical Therapy from December 2016 until June 8, 2017, which was his last day of therapy. The patient's mother was informed that they had done everything they could and her son had plateaued. They did not feel that ongoing therapy would improve his situation.

The patient's mother stated she lives in a two story house and Shane lives downstairs. There are two to three steps at the entrance of the patient's mother's home. The patient can negotiate the stairs if someone is helping him; however, they have a ramp at the back door which is much easier for him to negotiate. The patient is able to negotiate short distances using a walker with standby to moderate assistance; however, he requires the use of a wheelchair for long distances, such as going to a doctor's office or shopping.

The patient's mother stated he son was independent in ambulation and all activities of daily living prior to sustaining the injuries on May 1, 2015.

The patient's mother stated her son did not finish high school; however, he was employed as a foreman, laying concrete for Gandy Construction Company. The patient worked for that company for approximately two to three years prior to sustaining the injuries on May 1, 2015.

The patient's mother stated prior to her son sustaining the injuries in the motor vehicle accident on May 1, 2015, he enjoyed fishing and hanging out with his friends.

The patient's mother stated she is very concerned about her son's future because she does not know who is going to take care of him as she gets older and she can no longer take care of him. The patient's mother stated she does not want her son institutionalized and she wants him to have as normal a life as possible. She wants him to have his own home with 24 hour supervision, as this has been a significant burden on her and her daughter.

The patient's mother stated she was employed by Fritz's Market as a cashier and unloading trucks; however, she had to give up her employment to take care of her son full time.

It was my medical opinion at that time the patient was suffering from:

1. History of severe traumatic brain injury, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
2. History of right 1st rib fracture and right upper lobe pulmonary contusion with small pneumothorax, as seen on CT scan of his cervical spine without contrast performed on 05/01/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.

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3. History of basilar skull fracture on the right with blood in the right external canal, air in the left temporal fossa, fluid in the sphenoid air cells, shearing type hemorrhage in the left basal ganglia, and suspicion for hemorrhagic contusions in the temporal lobes, more so on the right, demonstrated on CT scan of his head without contrast performed on 05/01/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
4. History of extensive right pulmonary contusion involving the upper and lower lobes with a small anterior pneumothorax; fractures of the right 1st, 5th, 6th and 7th ribs; right pleural effusion; and contused soft tissue of his right flank, demonstrated on CT scan of his chest, abdomen and pelvis with contrast performed on 05/01/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
5. History of fractures of his 8th and 9th posterior ribs, pneumothorax on the right with pulmonary contusions in the upper and lower lobes, demonstrated on CT scan of his thoracic spine performed on 05/01/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
6. History of endotracheal intubation and left subclavian line placement, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
7. History of ventriculostomy placement for intracranial pressure monitoring, secondary to severe brain injury, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
8. History of insertion of central venous catheter and arterial catheter, performed by Dr. Fernando Yepes on 05/01/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
9. History of diffuse pulmonary parenchymal opacity in the right lung with plate atelectasis in the right lower lobe consistent with pulmonary contusion complicated by atelectasis, demonstrated on chest x-ray obtained on 05/01/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
10. Status post placement of right-sided ventriculostomy for treatment of intracranial pressure and repair of right occipital full thickness laceration and irregular measurement, performed by Dr. Chinyere Obasi on 05/01/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
11. History of extensive hemorrhagic contusion of the left inferior front lobe and left temporal lobe with petechial hemorrhaging, subarachnoid blood in the interpeduncular cistern and anterior ambient cisterns, and a stable shearing type hemorrhage in the left basal ganglia with interval placement of a right-sided ventriculostomy, demonstrated on CT scan of his head performed on 05/02/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
12. Status post right side chest tube placement performed by Dr. William Sorrell on 05/07/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.

13. History of interval development of small amount of free abdominal and pelvic fluid with evidence of small bilateral pleural effusions and basilar consolidation in his right lower chest, demonstrated on CT scan of his abdomen with contrast, performed on 05/08/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
14. Status post bronchoscopy with bronchial wash with therapeutic aspiration of secretions, performed by Dr. Radu Neamu on 05/11/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
15. History of isolated segmental pulmonary embolus in the lingular branch of the left pulmonary artery, demonstrated on CT angiography of his chest performed on 05/13/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
16. History of persistent fever and leukocytosis, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
17. History of acute mixed hypoxic and hypercapnic respiratory failure with significantly worsening hypercapnia due to a combination of increased carbon dioxide production secondary to persistent fevers, inflammatory response, and increased dead space perfusion from contused lung parenchyma and hyperventilation, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
18. Status post placement of an IVC Simon Nitinol filter with a venacavogram on 05/14/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
19. Status post placement of a #8 French Shiley tracheostomy tube performed by Dr. William Sorrell on 05/15/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
20. Status post right thoracotomy with repair of right hemidiaphragm performed by Dr. Michael Bibler on 05/15/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
21. Status post placement of a left femoral arterial line performed by Dr. Mark Schanbacher on 05/15/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
22. Status post esophagogastroduodenoscopy performed by Dr. Arif Nawaz on 05/15/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
23. History of bronchoscopy with aspiration of secretions and bronchial wash performed by Dr. Radu Neamu on 05/16/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
24. Status post J tube placement on 05/16/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
25. Status post therapeutic bronchoscopy with aspiration of secretions performed by Dr. Radu Neamu on 05/17/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
26. History of insertion of a right internal jugular venous catheter performed by Dr. Mark Schanbacher on 05/18/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.

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27. History of extensive venous thrombosis of both lower extremities from the common femoral veins to the calves, demonstrated on lower extremity venous Dopplers performed on 05/15/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
28. Status post esophagogastroduodenoscopy and percutaneous endoscopic gastrostomy performed by Dr. Atam Mehdiratta on 05/27/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
29. History of new patchy right base opacity consistent with infiltrate and atelectasis with radiographic appearance consistent with clinically suspected aspiration pneumonia, demonstrated on chest x-ray obtained on 05/31/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
30. History of moderate ventriculomegaly suspicious of communicating hydrocephalus with right subdural collection, resolving and evolving left frontal and temporal lobe contusions, demonstrated on CT scan of the head without contrast performed on 06/05/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
31. Status post placement of a right sided ventriculoperitoneal shunt performed by Dr. Chinyere Obasi on 06/08/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
32. Status post peritoneal mini laparotomy with peritoneal portion of the VP shunt placement performed by Dr. William Sorrell on 06/08/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
33. History of respiratory failure requiring mechanical ventilation on 06/14/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
34. History of extensive heterotopic ossification in the distal left thigh and left knee, demonstrated on plain film x-rays of his left knee performed on 06/23/15, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
35. History of inflammatory straining lateral to the right pelvis and right hip with a large complex appearing lesion lateral to the right hip, superficial to the IT band, likely representing a fluid collection including a potential abscess or hematoma, demonstrated on CT scan of his right lower extremity without contrast performed on 03/17/16, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
36. Status post cyst aspiration by ultrasound of his right hip performed by Dr. Sean Pawlowski on 03/21/16, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
37. History of heterotopic ossification involving the left hip joint and early arthritic changes bilaterally, demonstrated on plain film x-rays of his hips and pelvis performed on 04/20/16, secondary to injuries sustained in a motor vehicle accident on 05/01/15.

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38. History of bilateral left greater than right inferior frontal and anterior temporal encephalomalacia compatible with sequelae of traumatic brain injury, mild generalized cerebral atrophy with mild dilation of the lateral ventricle, and a right parietal ventriculostomy catheter in place with the tip germinating into the right frontal horn, demonstrated on computed tomography of his head without contrast performed on 05/23/16, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
39. History of reflux esophagitis, secondary to injuries sustained in a motor vehicle accident on 05/01/15.
40. History of hypertension secondary to injuries sustained in a motor vehicle accident on 05/01/15.
41. History of anxiety secondary to injuries sustained in a motor vehicle accident on 05/01/15.
42. Acute functional decline requiring dependence on other people for survival in his environment, secondary to severe traumatic brain injury, secondary to injuries sustained in a motor vehicle accident on 05/01/15.

On January 24, 2020 I re-evaluated this patient in his home. Since that time the patient's mother stated her son has remained relatively medically stable. He has not been admitted to the hospital. He is able to ambulate with his wheeled walker by himself; however, he still lacks judgment, insight and sense of consequence. He has no idea what is going on around him and cannot be responsible for anything. The patient's mother stated that either she or somebody else has to be with him 24 hours a day as he has no judgment, insight or sense of consequence.

The patient's mother stated her son has bladder and bowel accidents with frequency and he wears a diaper as a result. He goes to the bathroom when he is taken approximately once an hour. It is usually to urinate. He is currently living downstairs in a two story home. They have modified his current bed so he does not fall out of bed or climb out of bed and they have to wash the sheets and everything every morning as he urinates in the bed. The patient's mother stated there has been no change in her son from a physical or cognitive standpoint and absolutely no improvement except for the fact that he can walk in a little more stable fashion. The patient's mother stated that because her son lacks judgment, insight and sense of consequence someone has to be with him 24 hours a day.

The patient's mother stated that for a while he was hitting people in the family; however, that has seemed to stop.

After evaluating this patient on June 9, 2017 and re-evaluating this patient on January 24, 2020, it must be realized this patient has consciousness and awareness. He does have awareness of his surroundings which means he can have a pain experience. There are three components to the pain experience. The first component to pain is the physical component which is the "ouch", the second component to pain is multiple ouches of suffering and the third component to pain is depression.

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It is my opinion that even though this patient lacks judgement, insight, and sense of consequence he realizes who is around him and what is around him, and that he is not the same person he used to be. I believe that he does have enough cognitive awareness to realize his life has totally changed. The patient's mother has reiterated to me on today's visit that she does not want her son institutionalized.

After obtaining a history from the patient's mother, observing this patient in his own home, and reviewing voluminous medical records, it is my medical opinion as a Board Certified Psychiatrist that this patient will not be able to maintain gainful employment in the competitive open labor market or in a sheltered environment with a benevolent employer secondary to severe physical and cognitive deficits.

It is my medical opinion this patient has reached Maximum Medical Improvement in regards to conservative care and he has a 49-68% permanent partial impairment of the whole person according to the AMA Guides to the Evaluation of Permanent Impairment, Sixth Edition.

After obtaining a history from the patient's mother, observing this patient in his own home, and reviewing voluminous medical records, it is my medical opinion as a Board Certified Psychiatrist that as this patient suffers the secondary effects of aging combined with his current impairment, his disability will actually increase over time.

According to the National Center for Health Statistics, Division of Vital Statistics, National Vital Statistics Reports, 2017 Life Tables, this patient should live another **42.5** years.

There is a statistical reduction in life expectancy of patients who have suffered from a severe traumatic brain injury and this estimated average life expectancy reduction is approximately 4 years, (Mortality over four decades after traumatic brain injury rehabilitation: a retrospective cohort study, Archives of Physical Medicine and Rehabilitation, Volume 90, September 2009, Page 1506 – 13).

It is my medical opinion as a Board Certified Psychiatrist that this patient has suffered a severe traumatic brain injury and, as a result, he is at increased risk for developing traumatically induced epilepsy, Parkinsonism, and Alzheimer's-like dementia, as recently defined in a comprehensive review by the Institute of Medicine (National Research Council "Summary," Gulf War and Health, Volume 7, Long-term Consequences of Traumatic Brain Injury, Washington, D.C., The National Academy Press 2008). The extensive traumatic brain injury this patient suffered also increases his potential to develop hydrocephalus in the future, (he already has ventriculomegaly and a ventriculoperitoneal shunt placed).

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Further, sustaining a severe traumatic brain injury results in a chronic disease condition with a significant lifetime risk for multiple organ system failure, as defined in the recent Journal of Neurotrauma report, (Traumatic Brain Injury, A Disease Process, Not An Event, Brent E. Masel and Douglas S. DeWitt, Journal of Neurotrauma, August 2010, 27(8); 1529-1540.

This patient's future medical care, support services, and durable medical equipment are defined in the Updated Continuation of Care section of this report. The medical necessity and cost for these items are based on:

1. My history obtained from the patient's mother.
2. My observation of the patient in his mother's home.
3. My review of the medical records.
4. My review of the radiologic films.
5. Conversations with the patient's treating and evaluating physicians:
 - **Dr. Morgan LaHolt (Neurologist). (06/29/17).**
 - **Dr. Chad Murray (Primary Care Physician). (06/30/17).**
6. Researched prices that were obtained in the state of Nebraska, websites and from other current price sources.

Please be advised I have reviewed extensive medical and billing records in the amount of **\$1,839,861.46**, regarding the above-named patient, *Shane Loveland*; beginning on May, 2015 to ending of 2019 and it is my belief these costs are reasonable, warranted, and related to Mr. Loveland diagnoses and medical care.



Craig H. Lichtblau, M.D.
American Board of Physical Medicine & Rehabilitation
Board Certified Physical Medicine & Rehabilitation
Board Certified Brain Injury Medicine
CHL/cl/jan.20-MA

Medical Specials for Shane Loveland

Good Samaritan Hospital 05/01/15-06/19/15	\$513,557.86
The Physician Network 05/01/15-06/17/15	\$24,523.00
Madonna Rehabilitation 06/12/15-10/22/15	\$521,725.44
Rehabilitation Specialists 06/13/15-08/01/17	\$14,862.00
Swedish Medical Center 11/09/15-05/23/16	\$92,096.83
Prescriptions 01/31/16-10/27/19	\$55,420.60
Quest Diagnostics 11/02/15-07/12/16	\$971.51
Radiology Imaging Associates 11/09/15-05/23/16	\$1,766.00
Learning Services Corp 10/22/15-12/01/16	\$534,447.50
Great Plains Radiology 05/01/15-06/10/15	\$9,140.00
NuMotion/United Seating 10/01/15	\$587.89
Pathology Associates 03/16/16-03/21/16	\$95.79
Front Range Spine 05/18/16	\$450.00
Laboratory Corp of America 12/10/15	\$279.00
So Den Anesthesiologists 05/13/16	\$2,945.00
Paranorma Orthopedics 04/20/16-05/19/16	\$433.00
Colorado Infectious Disease 03/21/16	\$245.00
Carepoint ER Physicians 03/16/16	\$695.00
Action Care Ambulance 03/23/16	\$894.30

Medical Specials for Shane Loveland

Donald J. Zimmer, D.D.S. 02/17/16	\$212.00
Nebraska Heart Institute, P.C. 05/01/15-05/25/15	\$1,694.00
Colorado Blood and Cancer Care 11/03/15-03/14/16	\$1,494.00
Lincoln Pulmonary & Critical Care 06/17/15-06/29/15	\$568.00
Macauley Psychiatric Services 10/02/15	\$350.00
Central Nebraska Cardiology 05/17/15	\$637.00
Central Nebraska Rehabilitation 12/19/16-11/28/17	\$17,938.90
Nebraska Specialty Network 05/07/15-05/25/15	\$1,694.00
Kearney Clinic/Good Samaritan 05/01/15-11/13/17	\$9,330.02
Nebraska Orthopaedic & Sport 07/09/15-07/23/15	\$261.00
Platte Valley Medical Clinic 05/26/15-06/09/15	\$1,368.00
Kearney Anesthesia Assoc 05/27/15	\$455.00
Midwest Medical Transport 06/12/15-10/22/15	\$11,886.25
PRN Solutions, LLC 10/21/15-12/30/19	\$13,507.25
Alegent Creighton Clinic 08/28/18-10/31/19	\$527.12
Heartland Hematology & Oncology 09/29/17	\$213.27
Advanced Medical Imaging 06/15/15-07/22/15	\$433.00
Heartland Pharmacy 10/22/15-12/11/15	\$2,156.93
Total	\$1,839,861.46